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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

37 CFR 3.73(b). I hereby appoint: **√** 97998 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 97998 **/** The address associated with Customer Number: ORFirm or Individual Name Address Zin Clty Country Email Telephone Assignee Name and Address: Devicor Medical Products, Inc. 300 E. Business Way, 5th Floor Cincinnati, Ohio 45241-2384 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Date July 15, 2010 Signature

This collection of information is required by 37 CFR 131, 132 and 133. The information is required to obtain or retain a benefit by the public which is to file (and by the LBFT0) or possess an application. Confidentiality is governed by 38 LDS, C 122 and 97 CFR 111 and 114. This collection is estimated be a minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suppleants for reducing this burden, should be sent to the Child sent of the Child Sent and Tademark Office, U.S. Papartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commission of Parlants, P.O., Box 1450, Alexandria, VA 22313-1450.

Gerry S. Gressel

Associate General Counsel

Name Title